

Office of Statewide Health Planning and Development

Healthcare Information Division

Patient Data Section
818 K Street, Room 100
Sacramento, California 95814
(916) 323-7679; Fax (916) 322-9555
www.oshpd.ca.gov/mircal



No Data to Report

1. Facility Name: _____

2. Facility ID Number:

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3. We do not have data to report for the above mentioned facility for the following reason(s):

a) Hospital Inpatient Care:

Report Period: From _____ to _____

☐ We are not licensed to provide inpatient care effective: _____☐ We are licensed for inpatient care for this report period, but did not have any discharges as defined in Section 97213(a) (1) of the California Code of Regulations.

b) Emergency Department:

Report Period: From _____ to _____

☐ We are not licensed to provide emergency department care effective: _____☐ We are licensed for emergency department services for this report period, but did not have any encounters as defined in Section 97213(a) (2) of the California Code of Regulations.

c) Hospital-Based Ambulatory Surgery:

Report Period: From _____ to _____

☐ We did not perform procedures on an outpatient basis in a general operating room, ambulatory surgery room, endoscopy unit or cardiac catheterization laboratory as defined in Section 97213(a) (3) of the California Code of Regulations.

d) Freestanding Ambulatory Surgery Clinic:

Report Period: From _____ to _____

☐ We are not licensed by the State of California as a surgical clinic effective: _____☐ We are licensed as a surgical clinic, but did not perform ambulatory surgery procedures for this report period, as defined in Section 97213(a) (3) of the California Code of Regulations.

4. Additional Explanation: _____

5. Submitted by:

Print Name_____
Title/Position_____
Signature_____
Date_____
Telephone_____
E-mail